I am an employee currently or formerly employed by ONE LITTLE WEST 12TH STREET RESTAURANT and/or related entities. I consent to be a plaintiff in an action to collect unpaid wages. I agree that I am bound by the terms of the Professional Services Agreement signed by the named plaintiffs in this case.

Full Legal Name (Print)

Signature

7-/-8-/-08-Date

ATTN: Maimon

8/12/08

I am an employee currently or formerly employed by SMITH & WOLLENSKY RESTAURANT GROUP, INC. and FOURTH WALLS RESTAURANTS LLC, d/b/a PARK AVENUE CAFÉ. I consent to be a plaintiff in an action to collect unpaid wages. I agree that I am bound by the terms of the Professional Services Agreement signed by the named plaintiffs in this case.

Full Legal/Name (Print)

Signature

Date

Lam an employed currently or formerly employed by SMITH & WOLLENSKY RESTAURANT GROUP, INC. and FOURTH WALLS RESTAURANTS LLC, d/b/a PARK AVENUE CAFÉ. I consent to be a plaintiff in an action to collect unpaid wages. Lagree that I am bound by the terms of the Professional Services Agreement signed by the named plaintiffs in this case.

ICHOLAS LEE MULLINS Legal Name (Print)

I am an employee currently or formerly employed by SMITH & WOLLENSKY RESTAURANT GROUP, INC. and FOURTH WALLS RESTAURANTS LLC, d/b/a PARK AVENUE CAFÉ. I consent to be a plaintiff in an action to collect unpaid wages. Lagree that I am bound by the terms of the Professional Services Agreement signed by the named plaintiffs in this case.

Full Legal Name (Print)

Signature

I am an employee currently or formerly employed by SMITH & WOLLENSKY RESTAURANT GROUP, INC. and FOURTH WALLS RESTAURANTS LLC, d/b/a PARK AVENUE CAFÉ. I consent to be a plaintiff in an action to collect unpaid wages. I agree that I am bound by the terms of the Professional Services Agreement signed by the named plaintiffs in this case.

Full Legal Name (Print)

Signature

8/9/08

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7-31-08

I am an employee currently or formerly employed by SMITH & WOLLENSKY RESTAURANT GROUP, INC. and FOURTH WALLS RESTAURANTS LLC, d/b/a PARK AVENUE CAFÉ. I consent to be a plaintiff in an action to collect unpaid wages. I agree that I am bound by the terms of the Professional Services Agreement signed by the named plaintiffs in this case.

Full Legal Name (Print)

GIOUS UDDIN

Signature

Date

Client Information				
110	(100 m)			

Name: GOUS UDDIN Telephone Number(s): 917-915-6090 OR 718-658-648 Address: PO BOX 350063

JAMACUA NY 11435